

DIRECT ROLLOVER TRANSMITTAL

To the Trustee/Custodian of the _____ ("Recipient/Current Plan").

From the Trustee of the _____ ("Distributing/Prior Plan").

Re: _____
Distributee's/**Participant's** Name

Address

City, State, Zip Code

Social Security Number

Trustee/Custodian:

Direct rollover statement. The distributee named above has requested the Distributing Plan make a direct rollover to the Recipient Plan. In accordance with the distributee's instructions, we are remitting a direct rollover in the amount of \$ _____, consisting of:

- 1. Cash (The check must be made payable to: _____, FBO: _____)
Investment Company/Plan Name Participant Name
- 2. The property listed in the schedule attached to this form.

Qualification statement. The undersigned trustee states the Distributing Plan (*check one*):

- 1. has received a determination letter from the Revenue Service indicating the plan is a qualified plan.
- 2. is a standardized plan and has received a copy of the plan sponsor's opinion/notification letter indicating the plan is a qualified plan.
- 3. has not received a determination letter from the Revenue Service.

Dated this _____ day of _____, _____.

Trustee's Signature

Mail check and this form to Participant at above address